

8871**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

| | | |
|---|--|---|
| 1 Name of organization <i>Friends of Bob Allen</i> | | Employer identification number <i>23 3048956</i> |
| 2 Mailing address (P.O. Box or number, street, and room or suite number) <i>RD#1 Box 29-0</i> | | |
| City or town, state, and ZIP code <i>Sacramento, PA 17968</i> | | |
| 3 E-mail address of organization <i>NONE</i> | | |
| 4a Name of custodian of records <i>Norman R Lettich CPA</i> | 4b Custodian's address <i>RD#1 Box 29-0</i> <i>Sacramento, PA 17968</i> | |
| 5a Name of contact person <i>Norman R Lettich CPA</i> | 5b Contact person's address <i>RD#1 Box 29-0</i> <i>Sacramento, PA 17968</i> | |
| 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <i>SAME</i> | | |
| City or town, state, and ZIP code | | |

Part II Purpose



7 Describe the purpose of the organization
raise funds & support the candidacy of State Representative
Bob Allen

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Part III List of All Related Entities (see instructions)

| 8a Name of related entity | 8b Relationship | 8c Address |
|---------------------------|-----------------|------------|
| <i>NONE</i> | | |
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official Date